

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township San Carlos or Village San Carlos
 City San Carlos No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Rosita Hosay (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 4 5 28 Month Day Year

8. FATHER Full name Bruce Hosay

9. Residence (Usual place of abode) San Carlos, Ariz. If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) San Carlos, Ariz. (State or country)

13. Occupation common labor. Nature of industry

14. MOTHER Full maiden name Irene Telto

15. Residence (Usual place of abode) San Carlos, Ariz. If non-resident, give place and state.

16. Color or race 4/4 Indian 17. Age at last birthday 21 (Years)

18. Birthplace (city or state) San Carlos, Ariz. (State or country)

19. Occupation housewife Nature of industry

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 P. m. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. H. Sawyer M.D. (Physician or midwife).

Given name added from a supplemental report _____ Address San Carlos, Ariz. Month, day, year _____

Filed C. H. Sawyer Registrar. _____

986 - 405 - 736